

526 Rec'd PCT/PTO 03 APR 2000 RE

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PTO/SB/83 (11-96)

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

a valid OMB control number.

Application Number	09/242,219
Filing Date	02/09/99
First Named Inventor	Miroshnichenko, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	990056

To: Assistant Commissioner for Patents Washington, DC 20231 I hereby apply to withdraw as attorney or agent for the above identified application. The reasons for this request are: After repeated requests, we have never received payment for legal services provided. To the best of our knowledge, no outstanding Office Actions have been mailed. 1. The correspondence address is NOT affected by this withdrawal. 2. \times Change the correspondence address and direct all future correspondence to: **CORRESPONDENCE ADDRESS** Place Customer Number Customer Number Bar Code Label here OR Firm or Individual Name Timothy Telymonde Cares Built, Inc. Address 75 Manchester Avenue Address City Keyport State 07735 NJ USA Country 723-739-0316 Telephone Fax This request is enclosed in triplicate. Name Michael G. Panian Signature Date 03/27/00

NOTE: Withdrawal is effective when approved rather than when received.